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Summary record of the 2062nd (Chamber A) meeting
Held at the Palais des Nations, Geneva, on Wednesday, 13 January 2016, at 3 p.m.

Chair: Ms. Aldoseri

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The meeting was called to order at 3 p.m.

Consideration of reports of States parties (*continued*)

Combined third to fifth periodic reports of Latvia (continued) (CRC/C/LVA/3-5; CRC/C/LVA/Q/3-5 and Add.1)

1. *At the invitation of the Chair, the delegation of Latvia took places at the Committee table.*

2. **Ms. Feldmane** (Latvia) said that approximately 92 per cent of all children in Latvia received health care. Some 78,000 children living in rural areas obtained dental care in a State-funded dental bus, which visited municipalities for two days every year. The Children's Clinical University Hospital would evaluate the results of efforts to reduce the waiting time for health care services in April or May 2015.

3. Replying to the question regarding measures to curb the number of unwanted pregnancies, she explained that, under the Law on Sexual and Reproductive Health, everyone had the right to obtain information from health-care practitioners on the basic principles of ensuring good sexual and reproductive health, as well as on family planning and contraception. Practitioners had a duty to explain the importance of and to provide advice on contraception once a young person had reached child-bearing age. Youngsters had a responsibility to obtain that basic information and to take care of their own sexual and reproductive health. In order to assist them in that respect, the Centre for Disease Prevention and Control held seminars in schools at which informative material about youth sexuality and contraception was distributed. Over 600 such seminars had been organized between 2012 and 2015. Two educational films about responsible behaviour in boy-girl relationships had been produced and recommendations on ways in which teachers could improve sex education in school had been issued. Health-care specialists, gynaecologists and urologists had participated in a press conference attended by over 200 secondary school pupils, where various aspects of sexual and reproductive health had been explained. The aforementioned Law made provision for the conducting of abortions on adolescents and set out the requirements in respect of the information that patients and their parents had to be given in such cases. The quality of the relevant services was monitored by the Health Inspectorate.

4. Girls could consult gynaecologists without requiring referral by another doctor. The list of child-friendly health-care specialists which had been published by an NGO included eight gynaecologists. There were plans to expand that network once future requirements had been assessed. The four priorities in the health sector for the period 2014-2020 were: to promote mothers' and children's general, sexual and reproductive health; to raise the quality of health-care services for children; to shorten waiting lists through the improvement of the health-care infrastructure and to ensure the supply of condoms free of charge at HIV prevention points.

5. In response to the question about mental health, she said that the Public Health Strategy 2014-2020 made provision for measures to foster mental health, raise the community's awareness of that issue, train family doctors to detect depression at an early stage, offer support to persons suffering from depression and improve mental health services by increasing the range of State-funded outpatient care. A campaign "Don't be ignorant" to develop public awareness of the first symptoms of depression along with skills to assist sufferers had been launched and a web page on the subject had been posted by the Centre for Disease Prevention and Control. A programme to detect depression among schoolchildren and address the problem of bullying, which *was one of the root causes of youth depression and suicide, would continue into 2017*. Many campaigns were likewise being run to encourage a healthy and physically active

lifestyle as another means of preventing depression. Children suffering from depression or mental disorders could attend the above-mentioned outpatient facilities. Since substance abuse was another cause of depression and mental illness, in 2015 a large number of measures had also been introduced to combat the distribution of narcotic and psychotropic substances. The Centre for Disease Prevention and Control conducted information campaigns in schools to dissuade pupils from taking drugs and to persuade them to take part in sport as an alternative leisure activity. Hospital treatment was available for young drug users and rehabilitation services had been improved in 2014 with the opening of new treatment facilities. Links between medical and community rehabilitation services were going to be strengthened with a view to furthering the reintegration of former young substance abusers in society.

6. **Ms. Sandberg** wished to know if children with disabilities were placed in mental health institutions and what measures were taken to prevent their placement in such facilities.

7. **Ms. Jaunzeme** (Latvia) said that, of the approximately 8,000 children with disability in Latvia, only 300 were in institutional care. All children with disability were receiving education appropriate to their capabilities.

8. **Ms. Sandberg** asked what support measures were available to children with disabilities.

9. **Ms. Jaunzeme** (Latvia) replied that children with disability received assistance in travelling between their home and their school as well as assistance in the school environment.

10. **Ms. Aho Assouma** reminded the delegation that it had not replied to the question concerning infant and maternal mortality.

11. **Ms. Feldmane** (Latvia) said that the annual level of maternal mortality was extremely low and stood at about 3-5 deaths. Infant mortality was falling and had resulted in 83 deaths in 2014.

12. **Ms. Aho Assouma** wished to know what the HIV/AIDS prevalence rate was among young people. She asked whether there was a programme to prevent mother-to-child transmission of HIV. She wondered if condoms were distributed free of charge to young people, what type of care was available for children living with HIV/AIDS, whether they had access to free treatment and whether prenatal HIV screening was free of charge.

13. **Ms. Feldmane** (Latvia) said that some 8,600 people in Latvia were living with HIV/AIDS with approximately 300 new HIV infections detected every year, 5-10 of which were children, in most cases infected through mother-to-child transmission. Fifty-seven children were currently living with HIV. Women were screened for HIV until the twelfth week of pregnancy and they were rapidly tested for HIV during delivery if they had not undergone prenatal screening. In accordance with World Health Organization recommendations, children received post-exposure treatment in order to prevent mother-to-child transmission. In 2015 the Government had provided additional funding for the treatment of HIV patients and, as a result, transmission rates were expected to decline. HIV screening for pregnant women and HIV/AIDS treatment were State-funded. Measures to prevent HIV mainly targeted injecting drug users. Information about the risks of HIV transmission, consultations on other sexual health issues, rapid HIV tests and free contraceptives were provided at the 18 HIV prevention points run by the Centre for Disease Prevention and Control, in cooperation with NGOs and municipalities. There were plans to expand the network of those points in order to facilitate access to them for vulnerable sectors of the population. The increased budget for HIV treatment meant that the number of

recipients of antiretroviral therapy would rise from 20 to possibly 27 per cent of persons living with HIV/AIDS.

14. In response to the question concerning health care for refugees, she said that refugees could avail themselves of all health services in the same way as other inhabitants of Latvia. The health service budget was allocated on an annual basis and health spending was audited by the State.

15. **Ms. Aho Assouma** asked whether treatment for iodine deficiency in children was free of charge. She wished to know if there was a long waiting list for the treatment of goitre. She would also be grateful for information on measures to reduce the long waiting list for treatment of children's mental health problems. Was a lengthy wait not likely to worsen their condition?

16. **Ms. Jaunzeme** (Latvia) said that services were available for victims of sexual abuse. A programme focusing on the rehabilitation of adolescents, managed by the Ministry of Welfare, was being adapted to include both medical and social rehabilitation. Regarding the availability of medical services for persons suffering from AIDS and HIV, all possible means were used to ensure that there was no waiting list.

17. **Ms. Feldmane** (Latvia) said that pregnant women were provided with HIV tests free of charge and that there was no waiting list. The same applied to patients living with HIV. A special programme was in place for iodine supplementation. Informative campaigns were also organized on the importance of iodine in the diet and there were requirements that schools provide iodine-rich meals.

18. **The Chair**, speaking as a Committee member, asked whether children born in Latvia to migrant parents were granted Latvian nationality.

19. **Ms. Līce** (Latvia) said that, in accordance with the Convention relating to the Status of Refugees, no additional hurdles affected children born in Latvia to migrants. The naturalization procedure was identical for all children born in the country. There had been few such cases in practice, as Latvia did not have a large number of asylum seekers or migrants, but there was no legal impediment to the granting of nationality.

20. **Ms. Stabiņa** (Latvia) said that the Ministry of Interior had a disaggregated data system, which incorporated information from a range of different systems and enabled the Ministry to undertake coordination and to monitor measures and evaluate the results achieved. Further training and awareness-raising campaigns were then organized in response to the evaluation. There were a number of main information providers for the system, all of which contributed disaggregated data. They included the criminal procedure information system, that provided data on all criminal proceedings, including comprehensive, disaggregated data about victims and the offences committed; the judicial information system, which fed in information on the legal system, including civil and criminal cases and the numbers of convictions; and information on victims of trafficking collected by the Ministry of Welfare, including disaggregated data on the services provided to victims, such as social rehabilitation and support services.

Initial report of Latvia on the implementation of the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (CRC/C/OPSC/LVA/1; CRC/C/OPSC/LVA/Q/1 and Add.1)

21. **Ms. Stabiņa** (Latvia) said that there were two main policy planning documents in use in Latvia to prevent the offences mentioned in the Optional Protocols. The first was a comprehensive, national strategy, targeting society at large as well as institutions and professionals, aimed at preventing youth crime and improving the

safety of children. As part of that strategy, informative and educational activities were organized for children, on topics including morality and sexuality. The second document covered the issue of trafficking and was structured as a comprehensive source of information. It contained general information on trends and research and the provision of services for victims, such as legal aid and helplines. In addition it supported the legal framework to combat human trafficking and fostered cooperation between law enforcement agencies. With regard to the issue of trafficking, there were two main policy goals in Latvia: firstly to provide assistance and support to victims and secondly to reduce the phenomenon of human trafficking in general. Those goals were achieved by preventing and combating trafficking and by coordinating the collection of information. All the activities mentioned were carried out in close collaboration with a range of civil society partners.

22. Training and awareness-raising activities on human trafficking had been conducted, targeting a wide range of professionals, including politicians, judges, police officers, teachers and librarians. The training normally covered issues such as the identification of potential victims of trafficking, prevention measures, information on the relevant legal provisions and way of referring victims to the appropriate government bodies. In collaboration with NGOs, a large number of informative activities, including exhibitions and multimedia projects, had been organized for children, in order to raise awareness of the problem of trafficking. Such activities aimed to communicate with young people about issues including trafficking, pornography and prostitution in an accessible and understandable way, and covered subjects such as avoiding risks and threats and Internet safety.

23. There was no special budget available to implement the provisions of the Optional Protocols. Funding for counter-trafficking measures was allocated to the relevant stakeholders, under the annual State budget. Special funds were earmarked for State-funded social rehabilitation for trafficking victims or victims of other similar offences. A national assistance system for victims of trafficking had been put in place in 2006, governing the ways in which victims should access social rehabilitation services. Guidelines were also available to participants, including border guards and police officers, on identifying victims of human trafficking. The Ministry of the Interior worked closely with the Council of the Baltic Sea States to implement projects to strengthen the role of municipal authorities in tackling cases of human trafficking, including in identifying potential child and adult victims and in improving local coordination efforts.

24. **Mr. Madi** said that the Committee appreciated the delegation's comments on the systems and laws in place to deal with the issue of trafficking in the State party. However the delegation should also provide information on victims of the other offences under the Optional Protocols, in particular on how Government officials and social workers were trained to identify victims of those offences at an early stage and what rehabilitation mechanisms were available to the victims.

25. **Ms. Stabiņa** (Latvia) said that early identification was clearly defined in the Law on the Protection of the Rights of the Child. All Latvian citizens had a duty to immediately report to the authorities any suspicions that any children might be victims of violations of their rights. Individuals working in fields such as health care, education or politics who received such information from a member of the public were also legally required to notify the relevant Government entities. In that regard NGOs were valuable partners, as they often came into contact with children who were most exposed to violations of the provisions of the Optional Protocols. Guidelines were also available on how to report such suspicions and what actions to take in such cases.

26. **Ms. Jaunzeme** (Latvia) said that adoption was certified through a secure three-tier system, involving numerous courts and the Prosecutor General's Office. Any

suspicions of forced adoption would be investigated by the police. There were a number of comprehensive checks in place to avoid illegal or forced adoption.

27. **Mr. Guráň** (Country Rapporteur) said that he would like to receive a clear answer on whether there were private organizations working in the field of adoption in the State party and, if so, if a system of accreditation was in place. Was intercountry adoption conducted via State agencies or private organizations?

28. **Mr. Madi** said that the legal system in the State party was lacking a clear definition of the sale of children. For instance, forced adoption could fall under the heading of sale of children. The laws appeared to be fragmented and should be consolidated into a single definition.

29. **Ms. Jaunzeme** (Latvia) said that the Ministry of Welfare was responsible for adoptions and all adoption agencies had to be accredited. There were no private adoption agencies in Latvia.

30. **Mr. Madi** said that many States parties misconstrued the issues of the sale and trafficking of children but that it was crucial to distinguish between the two crimes.

31. **Ms. Stabiņa** (Latvia) said that, while domestic legislation did not set forth separate definitions of the trafficking and sale of children, it qualified them as offences and covered all the elements of the Protocol, including pornography, prostitution and forced adoption. The law also provided for all child victims of trafficking or sale to be defined as such and given rehabilitative care and assistance.

32. **Mr. Madi** emphasized that, although there was indeed reference to the sale of children in the State party's legal system, the specific acts constituting the sale of children were not defined.

33. **Ms. Jaunzeme** (Latvia) said that the Committee's concerns had been duly noted.

34. **Ms. Smiltēna** (Latvia) said that a special body had been set up to deal with general corruption. An independent unit had also been established under the Ministry of Interior to monitor, detect and prosecute cases of corruption in the police services, which had resulted in reduced levels of corruption and increased levels of trust in the police services. In 2014, four police officers had been convicted for accepting bribes. No cases had been reported under the Protocol.

35. **Ms. Jaunzeme** (Latvia) said that the close monitoring of corruption and bribery in the police contributed to keeping such cases at bay. In addition, the unit responsible for monitoring police corruption held an annual meeting with the State police and liaised with the prosecutor's office. The possession of pornographic material involving children was a criminal offence under Latvian law.

36. **Ms. Medina** (Latvia) said that social rehabilitation plans for child victims of violent crime, such as sexual abuse, were formulated on an individual basis. The victims were provided with, inter alia, psychological support, safe emergency accommodation, access to education, leisure facilities, self-defence instruction, and legal representation. More specific rehabilitation services were provided for child victims of trafficking by the competent NGO, and comprised a personalized plan for psychological and social support, safe shelter, translation and legal representation in court proceedings, and reintegration procedures into society and, where appropriate, the labour market. Where the child was a foreign national, a risk assessment was carried out prior to ensuring a safe return. Where the minor was a third-country national, a temporary residence permit was granted, reparation awarded, legal aid provided, and social rehabilitation made available for up to 180 days. Although domestic legislation did not specifically prohibit child prostitution, a foreign national

found purchasing sexual services from a minor was liable to prosecution pursuant to legislation on trafficking in persons.

37. **Mr. Rodríguez Reyes** asked for further details regarding the rehabilitation programmes and activities for child victims of trafficking.

38. **Ms. Medina** (Latvia) said that the social rehabilitation programmes were based on the Convention and were implemented as soon as victims were identified. Needs assessments were conducted before drawing up individual rehabilitation programmes, which included comprehensive support and social reintegration activities. The victims' names were kept confidential. Although to date only a small number of children had benefited from rehabilitation, the programmes had thus far produced positive results.

39. **Ms. Stabiņa** (Latvia) said that in order to remove any ambiguity with regard to the legal age of a minor, an amendment to the Law on Protection of the Rights of the Child had recently been adopted by Parliament stipulating that any person under 18 years of age was considered a minor and should be treated as such under criminal law.

The meeting was suspended at 4.40 p.m. and resumed at 4.50 p.m.

40. **Ms. Stabiņa** (Latvia) said that section 154 (2) of the Criminal Law contained a definition of trafficking in persons. It also covered the definition of the sale of children as set out in article 2 (a) of the Protocol, and included recruitment, transportation, transfer, concealment or reception of children for the purpose of exploitation, abduction and the offer of benefits for the purposes of obtaining consent. The prohibition of illegal adoption was encompassed in the prohibition against the holding of a person in slavery or servitude set out in that section.

41. **Ms. Smiltēna** (Latvia) said that the Constitution provided for extradition of Latvian citizens to a requesting country only in cases where a bilateral agreement had been concluded between the two States in question. However, in accordance with the Criminal Code, any person holding a Latvian permanent residence permit who committed a crime in a State with which no agreement was in place was held liable to prosecution under Latvian jurisdiction, regardless of whether the acts were criminalized in the State in which they had been committed. To date, the Government had not considered applying the Protocol in order to carry out extraditions.

42. **Mr. Madi** said that, while he welcomed the fact that extraterritorial jurisdiction over crimes in the Protocol was applied without the condition of double criminality, he was concerned that that condition was applied with respect to extradition. He wondered whether there were plans to include as extraditable offences in any extradition treaty existing with another State party the crimes committed under both Protocols to the Convention.

Initial report of Latvia on the implementation of the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (CRC/C/OPAC/LVA/1; CRC/C/OPAC/LVA/Q/1 and Add.1)

43. **Ms. Jaunzeme** (Latvia) said that the Government recognized the urgency of preparing for refugees entering the country and had developed a rehabilitation and integration plan to provide specialist support to refugees upon their arrival in Latvia. A separate budget line for identifying and supporting refugee children who had been involved in armed conflict had also been introduced and efforts had been made to disseminate the Optional Protocol more widely among the general public.

44. Children's participation in the Youth Guard movement was voluntary and the organization was very similar in structure and format to the Scout movement. The scheme promoted civic awareness and patriotism and did not serve as preparation for

the military. It offered children the chance to learn about Latvian history, commemorate key national historical events and play sports.

45. **Mr. Gastaud** (Country Rapporteur for the Optional Protocol on the involvement of children in armed conflict) asked whether the Government had taken steps to define the recruitment of children for use in overseas armed conflict by non-State armed groups as an offence. He also wished to know whether weapon handling training offered as part of the activities organized by the Youth Guard movement would be prohibited for children under the age of 18.

46. **Ms. Medina** (Latvia) said that, in the wake of the events in Ukraine, the Government had amended the Criminal Code to define the illegal recruitment of persons for use in overseas armed conflict by non-State armed groups as an offence. The illegal participation in or financing of overseas armed conflict had also been prohibited. Those amendments had entered into force in 2015.

47. **Ms. Jaunzeme** (Latvia) said that national weapon handling legislation set the minimum age for participation in shooting activities and events as 12 years for category D weapons, 16 years for category B and C weapons and 18 years for category A weapons. Shooting in Latvia was considered to be a national sporting pursuit and children in the Youth Guard movement practised shooting as part of a wide range of other sporting activities.

48. **Mr. Madi**, supported by **Mr. Gastaud**, asked whether the Government intended to amend the Criminal Code to explicitly prohibit the recruitment of children for use in overseas armed conflict by non-State armed groups and to provide for harsher sentences for the perpetrators of such acts, in accordance with article 4 of the Optional Protocol.

49. **Mr. Rodríguez Reyes** said that he would like more detailed information on the use of weapons by under 18s in the Youth Guard movement, including whether there was any military training component to the shooting exercises.

50. **The Chair** asked whether live ammunition was used in shooting activities involving children under 18.

51. **Mr. Guráň** asked whether specific procedures had been established to identify refugee children who had been involved in armed conflict and, if so, what rehabilitation measures were available to facilitate their reintegration into society.

52. **Ms. Medina** (Latvia) said that, while recent legislative amendments prohibiting the recruitment of persons for use in overseas armed conflict by non-State armed groups made no express reference to minors, other provisions of the Criminal Code explicitly provided that the involvement of minors in criminal offences constituted an aggravating circumstance. Persons found guilty of recruiting children for use in overseas armed conflict would therefore be subject to harsh punishments.

53. **Ms. Jaunzeme** (Latvia) explained that shooting was one of many sporting activities offered to children by the Youth Guard movement. It was not a form of military training. Children under 18 did not shoot at targets and spent most of their time running or taking part in other outdoor activities.

54. To date, no refugee children in Latvia had been identified or registered as former child soldiers. The Government had recently sent liaison officers to Greece and Italy to speak with refugees due to arrive in Latvia within the coming months and carry out background checks on their possible involvement in armed conflict. It had also offered training to professionals responsible for welcoming refugees with the support of the Office of the United Nations High Commissioner for Refugees in order to improve the identification of children who had been involved in armed conflict.

55. **Mr. Madi** asked whether the Government had set a minimum age for the recruitment of personnel by private security companies.

56. **Ms. Jaunzeme** (Latvia) said that the minimum age for private security officers had been set at 18. A large proportion of persons working in the private security sector were retired policemen.

57. **Mr. Gastaud** asked whether the Optional Protocol had been translated into Latvian and other minority languages.

58. **Ms. Jaunzeme** (Latvia) said that the Optional Protocol was available in Latvian and the official United Nations languages. The Government had also disseminated the Optional Protocol more widely among the general public following the events in Ukraine and the Syrian Arab Republic.

59. **Mr. Gastaud** thanked the delegation for its detailed and well-structured replies and expressed the hope that the State party would give due consideration to the Committee's recommendations.

60. **Mr. Gurán** said that he had welcomed the opportunity to learn more about the situation for children in the State party and thanked the delegation for its professional and well-organized approach.

61. **Ms. Jaunzeme** (Latvia) thanked the Committee for its insightful and useful comments. Her country remained firmly committed to upholding children's rights in all spheres of life.

62. **The Chair** thanked the delegation for the open and constructive dialogue and urged the State party to continue its efforts to promote and protect children's rights.

The meeting rose at 5.45 p.m.